

2003
Application Guide
for the
Shelter Support Program



State of New Jersey
James E. McGreevey, *Governor*

Department of Community Affairs
Susan Bass Levin, *Commissioner*

**DIVISION OF HOUSING & COMMUNITY RESOURCES
SHELTER SUPPORT PROGRAM**

APPLICATION GUIDE

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PROGRAM OUTLINE

Objectives and Priorities

Homelessness is a diverse and complex issue in New Jersey, and the State has adopted a comprehensive statewide strategy to address the problem through a continuum of care approach. This multi-faceted approach consists of homelessness prevention, emergency shelter, transitional housing, and permanent housing or permanent supportive housing efforts. The ultimate goal of the strategy is to assist the homeless to achieve independent living through a network of community-based service providers within the continuum of care system.

The purpose of the Shelter Support Program is to assist units of local government and nonprofit organizations to provide safe and sanitary shelters and transitional housing for the homeless and to provide operating support for new or expanding shelter programs when other sources of funding are unavailable.

The Shelter Support Program also seeks to promote the following:

1. To ensure that homeless individuals receive comprehensive case management services to help them achieve independent living.
2. To encourage shelter operators to commit other resources (cash and in-kind services), in conjunction with State funds.
3. To facilitate the involvement of the community in responding to local shelter needs by relying upon the expertise of the Comprehensive Emergency Assistance System (CEAS) committees.
4. To assist other State agencies to implement McKinney Act programs and other Federal or State initiatives designed to help the homeless or prevent people from becoming homeless.

Priority consideration for funding will be given to projects that meet the following:

1. Create additional shelter beds and transitional housing units for the homeless, particularly for families and homeless youth (18-21 years of age) and specialized populations such as the mentally ill homeless, persons with HIV/AIDS, and those with alcohol/substance abuse, when the need for such a facility is clearly documented.
2. Improve the quality of existing emergency shelters and transitional housing arrangements by eliminating code violations and improving health and safety conditions.
3. Assist shelter operators to expand their current level of services to include a transitional housing program or to establish a new transitional program. Such programs must meet specific standards of the Department of Community Affairs for transitional housing and demonstrate a reasonable expectation of operating support.

Distribution of Funds

The Department of Community Affairs, Division of Housing and Community Resources' Shelter Support Program (SSP) is part of an interdepartmental effort to address homelessness in New Jersey. Of particular concern are the shelter needs of homeless families and specialized populations, such as the mentally ill homeless, persons with HIV/AIDS, and those who have become homeless as a result of alcohol/substance abuse. Together, the New Jersey Departments of Community Affairs and Human Services have attempted to coordinate various State and federal programs in a community-based response to homelessness.

To implement this strategy, \$1,473,000 will be made available to the Shelter Support Program in State Fiscal Year 2003 from the U.S. Department of Housing and Urban Development's (HUD) Emergency Shelter Grants Program (ESGP) for shelter assistance activities. It is anticipated that other State funding will be available to satisfy the match requirement for the HUD funds.

The Shelter Support Program's funding priority will be for construction-related projects that expand the capacity of homeless shelters and transitional housing or remedy code violations in such facilities. Priority will also be given to projects that help shelter operators to either expand their current level of services to include a transitional housing program or to establish a new transitional housing program that meets Department standards. In this regard, if funds are available, applicants may apply for multiple year funding, for a maximum of three years, for Department approved new or expanded transitional housing programs. However, applicants must demonstrate that requested funds for operating costs and social services will not replace funds normally received from traditional sources such as the Department of Human Services. During any fiscal year, a maximum of 20% of Shelter Support Program funds may be used for multiple year grants.

The Department, through the Shelter Support Program, may, at its sole discretion, participate with other State departments, county or municipal agencies, or private nonprofit organizations in demonstration projects that attempt to serve the homeless or prevent homelessness in an innovative, non-traditional manner.

When funding is unavailable from other public or private sources, applicants may apply for start-up operating costs and essential services for new or expanded activities in homeless shelters. However, such requests for start-up costs will receive lower priority in the Shelter Support Program than construction-related activities.

Applicants should not apply for ongoing operating and social service expenses through the Shelter Support Program.

The Department of Human Services is a primary source of funding for the operational costs of homeless shelters, including the provision of social services. The source of these funds is Emergency Assistance (EA) provided by Work First New Jersey (WFNJ).

Emergency Assistance (EA) for eligible families is available under WFNJ Temporary Assistance to Needy Families (TANF) through the county welfare agencies. These EA sources are a combination of federal, state, and county funds. For individuals or couples without dependent children, EA is available under WFNJ General Assistance (GA), which is funded totally with state funds and administered by either the county or municipal welfare agency depending on the municipality. E.A. is also available for recipients of SSI. **Shelter operators must contact the appropriate county welfare agency or municipal welfare department concerning the availability of these resources for homeless clients. The New Jersey Division of Family Development within the Department of Human Services must also be contacted concerning the availability of EA funds.** In addition, applicants should contact their local Comprehensive Emergency Assistance System (CEAS) Committee to determine the availability of Social Services for the Homeless (SSH) funds or other resources for their project.

A number of significant changes have occurred since the implementation of the Work First New Jersey welfare reform program. The decline in caseload size and the 12-month lifetime limit on Emergency Assistance may affect the amount of revenue available to shelter providers. These changes may make it necessary for shelter operators to secure other funding for the continued operation of their programs. Applicants must explain how they will secure the financial resources to continue their programs if EA funding is reduced or is not available for their proposed projects.

All funds distributed by the Department of Community Affairs will be made available to units of general local government or private nonprofit organizations in accordance with the State's objectives as set forth in this Application Guide. Any federal ESGP funds distributed through this program will be administered in a manner consistent with the federal regulations set forth in 24 CFR Part 576 published in the Federal Register on October 2, 1996.

The Department of Community Affairs will award funds in the form of grants through a competitive process. Applications will be funded on the basis of the evaluation criteria described on pages 8 and 9. From those applications approved for funding, the Department of Community Affairs will determine which will be funded through the federal ESGP matching program and which will be funded solely from the State programs. When federal ESGP funds are involved, applicants selected for funding must execute a contract and obligate all awarded funds no later than 180 days from the day that the Department of Community Affairs forwards a grant agreement.

Definitions of Terms

Acquisition - Obtaining ownership of real property where title is transferred by deed and recorded in the office of the county clerk.

Construction - The assembling or building of a freestanding structure or building, or an addition to an existing structure or building, that results in an increase in floor space.

Conversion - The change in the use of a building to an emergency shelter for the homeless, where the cost of conversion and any rehabilitation costs exceed 75 percent of the value of the building before conversion.

Emergency Shelter - Any facility with overnight sleeping accommodations which is suitable for the temporary housing of the homeless and which provides comprehensive case management services for homeless clients.

Grantee - Any unit of general local government or private nonprofit organization to which the State awards grants.

Homeless - Families and individuals who are poor and have no access to either traditional or permanent housing.

Major Rehabilitation - Rehabilitation that involves costs in excess of 75 percent of the value of the building before rehabilitation.

Private Nonprofit Organization - A secular or religious organization that is incorporated in accordance with the laws of New Jersey and qualifies as exempt from federal income taxation by the Internal Revenue Service of the United States Department of Treasury and practices non-discrimination in the provision of assistance.

Rehabilitation - Improving existing buildings (including the cost of labor, materials, and other related costs) by repairs directed toward an accumulation of deferred maintenance; elimination of code violations; replacement of principal fixtures and components of existing buildings; installation of security devices; and improvements through alterations or incidental additions to, or enhancement of, existing buildings, including improvements to increase the efficient use of energy in buildings.

Renovation - Rehabilitation that involves costs of 75 percent or less of the value of the building before rehabilitation.

Transitional Housing - Any facility which is generally suitable for the temporary housing of the homeless, with the length of stay to be not less than six months or more than twenty-four months, and which provides comprehensive case management services, such as health, mental health and substance abuse counseling, life skills training, tenancy, self-esteem and career counseling, to homeless clients.

Unit of General Local Government - Any incorporated city, town, village, borough, township or county in the State of New Jersey.

Value of a Building - The monetary value assigned to a building by an independent real estate appraiser or as otherwise reasonably established by the grantee.

The Role of the CEAS Committees

The CEAS committees have an important role to play in the development of proposals for shelter assistance. Each applicant will need to work closely with its county CEAS committee before submitting a proposal to the Shelter Support Program. The CEAS committees are asked to evaluate shelter proposals in relation to the needs of the homeless population within their counties and to assist applicants in meeting identified program objectives. Each CEAS committee should review and comment on all proposals within its jurisdiction before the proposals are submitted to the Department. The applicant must furnish a letter from the county CEAS committee with its application. The letter should comment on the need for the proposed project and indicate whether it is a high priority in the county homeless assistance plan. Any financial support that the county has committed to the project should be identified. The letter also should indicate whether the proposed project will conflict with any other homeless program in the area.

Eligible Recipients

All units of general local government or private, nonprofit organizations in New Jersey may apply for funding. A private, nonprofit organization may either apply directly or apply through a unit of general local government.

Eligible Activities

Activities to be assisted in accordance with this program will include **only** the following :

1. Renovation, major rehabilitation, or conversion of buildings for use as emergency shelter and transitional housing for the homeless.
2. Acquisition of buildings and property for use as emergency shelter and transitional housing for the homeless (State funds only).
3. Construction of new emergency shelter and transitional housing facilities (State funds only).
4. Renovation or conversion of buildings to be used as feeding centers for the homeless, provided that social services are available for participants.
5. Provision of essential services, including (but not limited to) services concerned with employment, physical and mental health, substance abuse, education, food, and housing placement. The salaries of social services support staff are eligible costs.*

6. Payment of maintenance and operation costs, including rent, insurance, utilities, and furnishings, but excluding administrative and non-social services staff salaries.*

*** PLEASE BE REMINDED THAT SHELTER SUPPORT PROGRAM APPLICANTS MAY UTILIZE SSP FUNDS FOR ELIGIBLE OPERATING COSTS AND THE PROVISION OF ESSENTIAL SERVICES ONLY FOR A NEW ACTIVITY OR TO EXPAND AN EXISTING ACTIVITY WHEN FUNDING FOR SUCH EXPENSES CANNOT BE OBTAINED FROM OTHER PUBLIC OR PRIVATE SOURCES. IT IS NOT THE INTENT, HOWEVER, TO PROVIDE SUCH FUNDING TO A PROJECT IN SUBSEQUENT YEARS UNLESS FOR A DEPARTMENT APPROVED THREE YEAR TRANSITIONAL HOUSING PROGRAM. THE PRIMARY SOURCE OF SUPPORT FOR ONGOING SHELTER OPERATIONS IS THE DEPARTMENT OF HUMAN SERVICES.**

7. At the request of another State agency, acquisition, construction, or renovation of buildings and property; the purchase of equipment; and the payment of associated start-up costs are eligible activities that may be funded at the discretion of the Department in order to support State and Federal programs that either provide for the basic needs of the homeless or prevent the incidence of homelessness through the provision of food, clothing, or other basic necessities.

Religious Organizations

No grant funds may be used to acquire, renovate, rehabilitate, or construct buildings owned by primarily religious organizations or entities unless the following conditions are met:

1. The building (or portion thereof) that is to be improved with State assistance has been leased to an existing or newly established, wholly secular entity (which may be an entity established by the religious organization);
2. The State assistance is provided to the lessee (and not the lessor) to make the improvements;
3. The leased premises will be used exclusively for secular purposes and be available to all persons regardless of religious affiliation;
4. The lease payments do not exceed the fair market rent of the premises, as the premises were prior to the improvements;
5. The portion of the cost of any improvements that also serve a non-leased part of the building will be allocated to and paid for by the lessor;

6. The lessor enters into a binding agreement that, unless the lessee or a qualified successor lessee retains the use of the leased premises for a wholly secular purpose for at least the useful life of the improvements, the lessor will pay to the lessee an amount equal to the residual value of the improvements. The lessee must return this amount to the State and the funds will be used to further the objectives set forth in the Shelter Support Program;
7. The lessee may also enter into a management contract authorizing the lessor religious organization to operate the facility, including the provision of essential services, in carrying out the secular purpose. In such case, the religious organization must agree in the management contract to carry out its contractual responsibilities in a manner free from religious influences pursuant to conditions prescribed by the Department of Community Affairs.

Continued Use As An Emergency Shelter

When Shelter Support Funds are used for renovation, the building must be maintained as shelter for the homeless for not less than three years. However, when funds are used for acquisition, construction, major rehabilitation, or conversion, the building must be used as shelter for the homeless for not less than ten years. The period required for continuous use commences as follows:

1. In the case of a building that was not operated as shelter for the homeless before receiving the grant, the three and ten year periods begin to run on the date of the initial occupancy of the shelter facility.
2. In the case of a building that was operated as shelter for the homeless before receiving the grant, the three and ten year periods begin to run on the date that grant funds are first obligated for the shelter.

Non-Discrimination and Affirmative Action

The employment practices of all grantees must comply with Title VI and Title VII of the Civil Rights Act of 1964, as amended, the New Jersey Law Against Discrimination, and all other applicable State and federal laws and executive orders requiring non-discrimination in employment. The affirmative action requirements of the State of New Jersey are also applicable. Employment policies and practices of grantees must guarantee the recruitment and hiring of employees without discrimination because of race, religion, color, sex, age, physical handicap, marital status, or national origin.

Evaluation Criteria

The criteria set forth below will be used by the Shelter Support Program to evaluate each application and to recommend acceptable proposals to the Department of Community Affairs. The criteria reflect the State's goals and priorities and are consistent with the applicable federal regulations.

Shelter Program Priorities: Projects that involve the provision of additional shelter beds or transitional housing units will be given the highest priority. Priority will also be given to projects that correct serious code violations. In addition, priority will be given to projects that expand the current level of services to include a transitional housing program or to create a new transitional program that meets Department guidelines.

Documentation of Need: Applications will be judged in terms of whether the applicant can explain that the proposed activities would satisfy a serious need that is clearly documented. A record of code violations or other deficiencies, reports from qualified experts, and letters from appropriate agencies are necessary to document and support the applicant's claim that there is a need for the proposed project. A letter from the county CEAS committee must be included in every application.

Documentation of Costs: Applications will be judged as to whether the applicant provides reasonable cost estimates from appropriate contractors and vendors, and contracts of sale where property acquisition is involved.

Commitment of Funds or In-Kind Services from Other Sources: Applicants will be given special consideration if they bring funds (or in-kind services) from sources other than the Shelter Support Program to the specific proposed activities. Letters of commitment from the other funding source(s) are required.

Ability of the Applicant to Continue to Operate the Facility: Considerable emphasis will be given to whether the applicant and/or the agencies sponsoring and operating the shelter have obtained sufficient operating funds to sustain the operation of the shelter and the provision of necessary social services beyond the duration of the Shelter Support Program grant. Pertinent documentation would include letters of commitment from State, county, and municipal emergency assistance and welfare agencies as well as from private charitable organizations.

Provision of Comprehensive Social Services: Social services will be judged in terms of the extent to which the program addresses the needs of the homeless population served. Applicants should include a description of the social services provided to each client, i.e., case management, health care screenings, mental health counseling, life skills training, day care, transportation, substance abuse counseling, information and referral, housing placement, employment and training, etc., as well as a staffing plan for on-site services and affiliation agreements with off-site providers.

Readiness to Proceed: Proposed activities that can proceed quickly are more likely to be funded. Evidence of readiness to proceed includes a firm agreement between the applicant and shelter operator (when applicable); current and detailed cost estimates and specifications related to the activities proposed; adequate documentation that any necessary State or local permits or approvals (e.g., zoning) have been secured; documentation that sufficient financial resources are available to complete the activity; and evidence that the applicant has capable management personnel to complete the project (especially construction projects).

Additional Considerations: Project selection may be modified in order to avoid an excessive concentration of program funds within any given geographic area or to any sponsoring agency.

Waivers

The Commissioner of the Department of Community Affairs may waive any requirement related to Shelter Support Program funded activities that is not required by law or regulation, whenever it is determined that undue hardship will result from applying the requirement or where the requirement would adversely affect the purposes of the Shelter Support Program.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

On the following pages are Submission Requirements and Instructions that tell you how to fill out the Application. Please respond to every item, writing "n.a." if the item is not applicable to your program. Forms are included for all items, but for some items you may need to include additional sheets.

Read the full program outline and instructions before you begin to prepare your application. The application is the only document you will return to us. If you have any questions please call (609) 633-6267 for assistance.

SUBMISSION REQUIREMENTS

Supply the Department of Community Affairs with an original and three copies of your complete application. A copy of the application also must be submitted to the County CEAS Committee, the County Welfare Agency or Municipal Welfare Department/s (depending on which agencies would refer homeless clients to your program), and the New Jersey Division of Family Development.

Submit your application to the Department on or before **June 1, 2002**. Applications received after this date will be considered only if funds are still available.

Type your application on 8 1/2" by 11" paper.

Submit the original copy in a loose-leaf binder. Be sure to include all originals of the required signed and sealed documents. The name of the applicant and "Shelter Support Program" should be on the front cover.

Use all the forms that have been provided. Failure to provide all requested information may disqualify the application. Fill in the Table of Contents with page numbers and keep the application in the exact order shown. Where forms are not provided, insert your own pages and title them with the headings from the Table of Contents. Use the Table of Contents as a checklist to be sure you have submitted or accounted for all the information requested. Make sure your documentation is detailed and complete.

Be realistic. Only take on a project that you will be able to handle. Consider your capacity to manage and complete the project in a timely manner.

NOTE: Only firm, realistic, and well documented projects will be funded. Applications for ongoing operations and social services will not be considered.

Mail or deliver your original and three copies to:

New Jersey Department of Community Affairs
Division of Housing and Community Resources
101 South Broad Street
P.O. Box 806, 5th Floor
Trenton, New Jersey 08625-0806

Attention: Shelter Support Program

TITLE PAGE

SHELTER SUPPORT PROGRAM

APPLICATION FORMS

NAME OF APPLICANT

FORM SSP - 1: TABLE OF CONTENTS

INSTRUCTIONS: Place this sheet immediately following the Title Page of your Application. Type in the page numbers that correspond to the sections in the application. Keep your application in order.

Shelter Support Program Application

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FORM SSP - 2: PROJECT SUMMARY

INSTRUCTIONS: Fill in the information requested below. Refer to the organization's Articles of Incorporation for the official name. Refer to the list of eligible activities on page 5 when filling in Item 8. The certification statement must be signed by the chief elected official if the applicant is a municipality or county, or by the chief executive officer if the applicant is a nonprofit organization.

PROJECT SUMMARY

1. Official Name of Applicant _____
Municipality/County/Nonprofit

Address

City Zip Code County

2. Federal I.D. No. _____ 3. Charities Registration No. _____

4. Fiscal Year Ending Date _____ 5. State Legislative District _____

6. Name and Title of Chief Financial Officer _____

7. Name and Phone Number of Contact Person

Name Phone

8. Proposed Activity(s)

ACTIVITY	FUNDS REQUESTED FROM SHELTER SUPPORT	FROM OTHER SOURCES	TOTAL COST
A. _____	\$ _____	\$ _____	\$ _____
B. _____	\$ _____	\$ _____	\$ _____
C. _____	\$ _____	\$ _____	\$ _____
D. _____	\$ _____	\$ _____	\$ _____
TOTAL _____	\$ _____	\$ _____	\$ _____

9. Certification: To the best of my knowledge and belief, the data in this application are true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurance if the assistance is approved.

Name Date

Signature

Title (Chief Elected Official/Chief Ex. Off.)

FORM SSP - 3: PROJECT NEED

INSTRUCTIONS: Describe the need for your project and include answers and supporting documentation as follows:

Why is your proposed project needed? Provide complete details about the problems that need to be corrected. Explain why the existing facilities and/or services fall short of meeting the needs of the homeless population in the service area or a specific segment of the homeless population. Supporting documentation may include one or more of the following: letters from appropriate social service agencies; local homeless surveys; excerpts from current county homeless assistance plans, code violation reports, and reports from qualified experts.

SPECIFIC DOCUMENTATION IS REQUIRED TO SUPPORT THE CLAIM THAT THERE IS A NEED FOR THE PROPOSED PROJECT. INCLUDE THE SUPPORTING DOCUMENTATION IMMEDIATELY FOLLOWING YOUR NARRATIVE DESCRIPTION OF PROJECT NEED.

.....

PROJECT NEED

Add additional sheets if necessary.

FORM SSP - 4: PROJECT DESCRIPTION

INSTRUCTIONS

Describe in detail the project you propose to undertake to satisfy the need identified in SSP-3. List and describe each activity and include answers to the following:

Describe each activity that will be undertaken. Refer to the Eligible Activities on page 5. Explain how you will carry out each activity and identify any other public or private agencies/organizations that will be involved. If a development group or construction manager will be selected to oversee construction activities, describe its specific responsibilities. Identify the location where the proposed activities will be undertaken. Attach a tax map and a street map with the scale clearly shown.

How will the project benefit the homeless? What percentage of your clients will be homeless? Document how you determine homelessness. What types of homeless clients will the proposed project serve? How will referrals of homeless clients be made to your program and what specific agencies will be involved? Will new shelter beds be created? How many? How many beds are currently being utilized?

NOTE: Where acquisition, construction, conversion or rehabilitation of real property is part of the project, the applicant must indicate that the owner of the property is not a primarily religious organization or entity. If owned by a religious organization, the facility must be leased to a secular entity for a minimum of ten years.

.....
Identify the homeless population currently served by the shelter as well as the proposed population after the project is completed. Fill in the following:

Current number of EA/GA clients
Current number of non EA/GA clients
Current number of TANF/EA clients
Current number of non TANF/EA families

Proposed number of EA/GA clients
Proposed number of non EA/GA clients
Proposed number of TANF/EA clients
Proposed number of non TANF/EA families
.....

PROJECT DESCRIPTION

Add additional sheets.

FORM SSP - 5: PROJECT COSTS

INSTRUCTIONS: Provide the cost(s) of the activity(s) for which funding is being requested from the Shelter Support Program, and describe how the cost(s) was estimated. If construction is involved, provide certification(s) from a person qualified in the field, such as an architect, engineer, professional cost estimator, or contractor, and submit the cost estimate on the letterhead of the qualified person. The cost estimate must be based on preliminary plans and specifications that conform with the Uniform Construction Code, the Uniform Fire Code, the Rules Governing Shelters for the Homeless, and all applicable housing standards and regulations adopted pursuant to law. Copies of the plans and specifications should be submitted with the cost estimate. The local construction official can help determine whether the plans need to be prepared by a licensed architect or engineer. **Note:** If the proposed project is approved, related architectural and engineering costs are eligible for funding.

If the project is to provide social services, include the salaries of the social service workers. If equipment, furnishings, or vehicles are to be funded, include estimates from manufacturers or dealers. If the project involves acquisition of real property, include a Contract For Sale Of Real Estate and a certified appraisal from a licensed, qualified appraiser.

If other sources of funds will be used to supplement Shelter Support funds for the activities on FORM SSP - 5, list the names, addresses, and the amounts of money these other agencies or organizations intend to contribute to the project activities. To document the commitment of such funds, please provide letters from the funding sources, indicating the amount(s) and any conditions regarding the use of such funds.

PROJECT COSTS

Add additional sheets if necessary.

FORM SSP - 6: SOCIAL SERVICES

INSTRUCTIONS: Fully describe the social services that will be available to clients, i.e., case management, health care screenings, mental health counseling, substance abuse counseling, daycare, transportation, basic skills training, information and referral, housing placement, Job training and education, etc., and describe the specific activities that will be implemented for each service category. Indicate whether the services are to be provided on or off-site. It will be assumed that services not specifically mentioned in the application will not be available to the clients.

If services are to be provided off-site, include the names of each agency providing a service; provide copies of written affiliation agreements with off-site provider agencies; and describe how clients will get to the off-site services.

Fully describe the case management services that will be provided to program clients during their stay at the facility. Describe: (a) the intake process and the assessment of client needs; (b) the individual or family action plan which delineates the mutually agreed upon goals, activities and services designed to stabilize clients and assist them in securing permanent housing; and (c) the program provided to assist clients in obtaining permanent housing, and the evaluation of the progress of clients toward achieving permanent housing.

Fully describe any program activities that will be implemented to assist clients in complying with the Work First New Jersey program.

Provide an operational staffing plan for the project that describes the type and number of staff providing client services; the case manager-to-client ratio (1:20, maximum); as well as administrative services. Include shift scheduling and a job description for each staff title and list their professional credentials.

SOCIAL SERVICES

Add additional sheets if necessary.

FORM SSP - 7: PROJECT SCHEDULE

INSTRUCTIONS: Prepare a project schedule that shows the anticipated starting date, duration, and completion date of each activity. For example, your schedule should show the anticipated timing for securing approvals; preparing plans, specifications, and cost estimates; obtaining construction bids; starting and completing the work, and obtaining final inspection approval. Please note any activities that are subject to time constraints, such as construction which must be done in warm weather or work that will require additional time for obtaining the required permits.

The schedule should refer to weeks and/or months following the starting date of the contract rather than to actual calendar dates.

PROJECT SCHEDULE

Add additional sheets if necessary.

FORM SSP - 8: STATUS OF PERMITS

INSTRUCTIONS: List all local and State permits, licenses, approvals, and municipal actions required before your proposed activities may be implemented, and estimate the time it will take to obtain them. These may include: building permits, zoning variances, CAFRA permits, Pineland Commission approvals, wetlands or floodplain permits, etc. Use the form outline shown below.

If the proposed activities are new activities or an increase in an existing activity, it is necessary to provide a letter from the municipality in which the project is located indicating either that the proposed use is permissible under the applicable zoning ordinance and regulations or that a zoning variance will be required. This letter is not necessary if an approval or zoning variance has already been obtained (see NOTE below).

In addition, describe any difficulties you can anticipate in obtaining any permits or approvals. Provide any correspondence that will support this.

.....

STATUS OF PERMITS

<u>ACTIVITY</u>	<u>PERMIT/APPROVAL REQUIRED</u>	<u>STATUS</u>
1.		
2.		
3.		
4.		
5.		

NOTE: Attach a copy of any approvals or permits that have been received for the project.

Add additional sheets if necessary.

FORM SSP - 9: ENVIRONMENTAL CONDITIONS (for building improvements only)

INSTRUCTIONS: Historic Preservation. Document whether the property is either listed or eligible for listing on the National or State Registers of Historic Places. A statement concerning the historic significance of the property needs to be provided by the local historic official or the county cultural and historic commission. Also provide exterior photographs of each side of buildings to be renovated.

Floodplains and Wetlands. Document whether the property is located in a floodplain or wetland. Copies of the appropriate Federal Flood Insurance Rate Map and either the Freshwater or Tidelands wetland map must be provided. The Flood Insurance Rate Map and the Freshwater Wetland map can be obtained from your municipality, and the Tidelands map from your county.

Hazardous Conditions. Describe whether the property will be negatively impacted by hazardous operations (including the storage of petroleum products, chemicals of an explosive or flammable nature, or toxic or radioactive materials). At a minimum, the applicant should evaluate land use within 1,000 feet of the site and identify any industrial facilities that have outside storage tanks. The specific chemicals or petroleum products contained in the tanks should be identified.

Noise. Identify any facilities or infrastructure which may generate excessive noise in the vicinity of the project. These would include jet airports (within fifteen miles), rail facilities (within 3,000 feet) and major highways and arterial roads (within 1,000 feet).

ENVIRONMENTAL CONDITIONS

Include a municipal street map, with a legible scale, showing the exact location of the project site.

Add additional sheets if necessary.

FORM SSP - 10: GRANT MANAGEMENT PLAN

INSTRUCTIONS: Describe how you plan to manage your Shelter Support Program grant.

- Identify the name, title, credentials, and experience of the person(s) who will manage the grant, and describe his/her duties and responsibilities.
- Identify the name, title, credentials, and experience of any person(s) who will be responsible for project activities, such as financial record keeping, construction management, etc.
- Identify any professional services you plan to contract for, such as auditors, architects, engineers, consultants, and attorneys. Indicate why they are needed and how their services will be specifically used.

NOTE: If federal ESGP funds are involved, effective administration of a grant will require an understanding of both State and federal requirements.

GRANT MANAGEMENT PLAN

Add additional sheets if necessary.

FORM SSP - 11: ANNUAL OPERATING BUDGET

INSTRUCTIONS: Complete the following annual operating budget for your shelter facility. If the facility will be expanded, estimate the annual operating budget based on the expected cost increases.

page 1 of 2

ANNUAL OPERATING BUDGET

<u>Personnel</u>	\$ _____
(Attach separate employee list with titles & salaries)	
<u>Fringe Benefits</u>	_____
<u>Consultant & Contract Services</u>	
Accounting	_____
Legal	_____
Health & Social Service Contracts	_____
<u>Travel and Transportation</u>	_____
<u>Space Costs and Rentals</u>	
Mortgage - Principal & Interest	_____
Rent	_____
Utilities	_____
Security Contracts	_____
Cleaning & Maintenance	_____
Property Management Fee	_____
Property Taxes	_____
<u>Consumable Supplies</u>	
Office Supplies	_____
Shelter Supplies	_____
Shelter Food	_____
Maintenance Supplies	_____
<u>Rental or Purchase of Furnishings & Equipment</u>	
(Recurring costs not part of initial capital investment)	
Rental of Office Equipment	_____
Replacement of Furnishings & Equipment	_____
<u>Other Costs</u>	
Insurance (Property & Auto)	_____
Postage	_____
Telephone	_____
Reserves for operation, maintenance, replacement	_____
<u>TOTAL ANNUAL OPERATING BUDGET</u>	\$ _____

Attach List of Employees with Titles and Salaries

FORM SSP - 12: SOURCES OF OPERATING FUNDS

INSTRUCTIONS: Complete the following to identify the sources of funds for the annual operation of your shelter facility. All sources of funds should be identified, including public and private. **Attach documents of commitment or intent to commit operating funds.**

SOURCES OF OPERATING FUNDS

Private Sources (Organization & Address)	Amount
1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. Miscellaneous Donations.....	\$ _____

Public Sources (Agency & Address)	
1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

Client Contributions \$ _____

TOTAL OF ALL SOURCES OF FUNDS \$ _____

NOTE: Any terms or conditions attached to public or private sources of funds should be identified, e.g.funds provided for a specific activity, or funds that must be spent within a particular period of time. If your operating funds include Emergency Assistance, you must attach a complete explanation of how you would continue to operate the program if EA funding was reduced or eliminated.

FORM SSP - 13: PROJECT BUDGET

INSTRUCTIONS: Complete the following just for the activities for which you are requesting funds from the Shelter Support Program. The eligible activities and costs should correspond to your descriptions on FORMS SSP - 4 and 5.

SHELTER SUPPORT PROGRAM PROJECT BUDGET

ELIGIBLE ACTIVITY CATEGORY	Amount
SITE ACQUISITION/BUILDING IMPROVEMENTS:	
Acquisition _____	\$ _____
Renovations _____	\$ _____
Major Rehabilitation _____	\$ _____
Conversion _____	\$ _____
New Construction _____	\$ _____
TOTAL ACQUISITION/BUILDING IMPROVEMENTS:	\$ _____
SOCIAL SERVICES:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL SOCIAL SERVICES:	\$ _____
MAINTENANCE/OPERATION COSTS:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL MAINTENANCE/OPERATIONS COSTS:	\$ _____
GRAND TOTAL PROJECT BUDGET:	\$ _____

**NOTE: FOR THE FOLLOWING REQUIREMENTS,
PLEASE ATTACH THE PERTINENT DOCUMENTS.
NO FORMS ARE REQUIRED**

SSP - 14: LETTER FROM CEAS COMMITTEE

INSTRUCTIONS: **A letter from the county CEAS Committee must be included in the application.** Be sure the letter comments on the need for the proposed project and indicates whether it is a high priority in the county homeless assistance plan. Any financial assistance from the county for the proposed project should be identified. It should also indicate whether the proposed project will conflict with any other homeless program in the county.

SSP - 15: LETTER FROM THE COUNTY WELFARE AGENCY OR THE MUNICIPAL WELFARE DEPARTMENT

INSTRUCTIONS: **If the proposed project will serve families with children, a letter is required from the county welfare agency. If the proposed project will serve single individuals, a letter is required from the appropriate municipal welfare department/s.** The letter should comment on the need for the proposed project and indicate whether Emergency Assistance would be available for the continued operation of the program. If the activity involves new beds, a statement should be included about the extent to which homeless clients would be referred to the proposed facility.

SSP - 16: LETTER FROM THE NEW JERSEY DIVISION OF FAMILY DEVELOPMENT

INSTRUCTIONS: A letter is required from the New Jersey Division of Family Development if Emergency Assistance funds will be required to support the proposed project. The letter should comment on the need for the project and the availability of EA funds for operating support. A copy of your application should be forwarded with your request for a written response to:

Mr. Joseph Walsh, Supervising Program Dev. Spec.
Division of Family Development
NJ Department of Human Services
P.O. Box 716
Trenton, New Jersey 08625-0716

SSP - 17: LETTER FROM THE NEW JERSEY DIVISION OF YOUTH & FAMILY SERVICES

INSTRUCTIONS: **A letter is required from the New Jersey Division of Youth & Family Services (DYFS) if the proposed project will serve homeless youth between the ages of 18 and 21.** A copy of your Shelter Support Program application should be attached to your request to DYFS for a written response. The letter you receive from DYFS should comment on the need for the project and the availability of funding through the Homeless Youth Act or other state or federal funding sources. Send your request to the following:

Ms Nancy Caplan
Title IV E Independent Living Coordinator
Division of Youth & Family Services
P.O. Box 717
Trenton, New Jersey 08625-0717

SSP - 18: LETTER OF SUPPORT FROM THE MAYOR

INSTRUCTIONS: **A letter of support is required from the mayor of the municipality in which the project is located.** Federal regulations require this, and federal funds may be involved if your project is funded.

SSP - 19: INCORPORATION DOCUMENTS

INSTRUCTIONS: A nonprofit organizations must submit: (1) a copy of its Certificate of Incorporation, (2) its Articles of Incorporation, and (3) its By-Laws. The names and titles of all board members must be identified. Verification of IRS 501 C(3) status must be provided. This information must also be submitted for each subgrantee.

SSP - 20: EVIDENCE OF OWNERSHIP

INSTRUCTIONS: For any construction related project, evidence of ownership (copy of a deed) must be provided. If the facility is or will be leased, a lease agreement or an option to lease should be provided. If property acquisition is involved, an executed contract of sale must be provided.

FORM SSP - 21: RESOLUTION

INSTRUCTIONS: The following is a sample resolution. A Resolution of the Governing Body or nonprofit organization must be duly executed and submitted to the Shelter Support Program with the application. The original copy of the application must contain a resolution with an original signature and raised seal.

You may use this format or prepare a comparable resolution of your own choosing.

SAMPLE RESOLUTION

WHEREAS, the _____ (name of organization) _____
desires to apply for and obtain a grant from the New Jersey Department of Community Affairs for
approximately \$ _____ to carry out a project to _____ (briefly describe the project) _____

Be it therefore RESOLVED, that the _____ (name of organization) _____

_____ does hereby authorize the application for such a grant; and, upon receipt of the grant agreement from the New Jersey Department of Community Affairs, does further authorize the execution of the agreement; and also, upon receipt of the fully executed agreement from the Department, does further authorize the expenditure of funds pursuant to the terms of said agreement between

_____ (name of organization) _____
and the New Jersey Department of Community Affairs.

Be it further RESOLVED, that the persons whose names, titles, and signatures appear below are authorized to sign the application, the agreement, and any other documents in connection therewith:

(signature)

(signature)

(type or print name)

(type or print name)

(title)

(title)

CERTIFICATION:

I, (Name of Board Secretary/Government Clerk), the _____ (title of position - Board Secretary or Government Clerk) of _____ (name of organization) _____ hereby certify that at a meeting of the Board of Directors/Governing Body held on (meeting date) the above RESOLUTION was duly adopted.

AFFIX
CORPORATE OR
NOTARY SEAL

Signature of Board Secretary or
Government Clerk

FORM SSP - 22: NON-DISCRIMINATION STATEMENT

INSTRUCTIONS: Each religious entity identified as a recipient of funds from the Shelter Support Program must certify that it will comply with the conditions set forth in the statement below. If your organization is not a religious organization (consult your articles of incorporation), you need not complete this statement.

Statement of Non-Discrimination by Predominantly Religious Organizations and Entities for whom Grant Funds are requested

_____ represents that it is,
(Name of Agency)
or may be deemed to be, a religious or denominational institution or organization or an organization operated for religious purposes which is supervised or controlled by or in connection with a religious or denominational institution or organization; and agrees that if funds are provided from the Shelter Support Program to support the provision of essential services and/or to assure operational costs:

- a. it will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
- b. it will not discriminate against any persons seeking emergency shelter and related services on the basis of religion and will not limit such services or give preference to persons on the basis of religion;
- c. it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of services or the use of facilities or furnishings assisted in any way under this agreement; and
- d. it will permit no sectarian or religious symbols or decorations in the portion of the facility, assisted in whole or in part under this agreement, that is used as an emergency shelter or to provide services to homeless people.

Date

Signature

Typed Name and Title

Name of Agency

**SHELTER SUPPORT PROGRAM
APPLICATION REVIEW CHECKLIST**

APPLICANT: APPLICATION NO.:SSP-
PROJECT NAME:

Check if Provided	Comment
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- | | |
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| 4. PROJECT DESCRIPTION (SSP-4) | |
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